

## **Outpatient Rehabilitation Services Referral Form**

Referral Phone Number: **919 350-7000** Fax: 919 350-8959

Patient Name (Please Print):	Date:Patient Phone Number(s):				_ 🗆	Call Patient to Sche	dule Appt.	
Restrictions/Precautions/ Comments:  Weight Bearing Status: WBAT NWB TWB TDWB PWB	Patient Name (Please Print):	Date of Birth:						
Weight Bearing Status:   WBAT   NWB   TTWB   TDWB   PWB	Diagnosis:	ICD-10 Code	e(s): _					
Outpatient Physical Therapy (PT)	Restrictions/Precautions/ Comments:							
PT for Evaluation and Treatment including:    See attached Protocol	Weight Bearing Status: WBAT NWB TTWB TDWB	PWBII	bs.	Frequency/Duration:		_ x/week for	wks	
See attached Protocol	□ Outpatient Physical Therapy (PT)	□ O:	tago l	Balance and Fall Prevention	)	□ Vestibular Reh	nab	
ROM	PT for Evaluation and Treatment including:	☐ General Conditioning				☐ Urinary/Fecal Incontinence		
Strengthening	☐ See attached Protocol	☐ Lumbar Program				☐ Pelvic Pain/Dysfunctions		
Gait Training	□ ROM	☐ Cervical Program				□ Diastasis recti		
Modalities	☐ Strengthening	☐ Pediatric Neuro				☐ Pregnancy Related LBP		
Provide and teach use of assistive device   Progressive Home Exercise Program   Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:   Other:   Outpatient Occupational Therapy (OT)   Pain Management   Energy Conservation and Adaptive Equipment   OT for Evaluation and Treatment including:   Edema Management   Joint Protection Education and Training   See attached Protocol   Scar Management   Lymphedema   Lymphedema   ROM   Pre fabricated Splint   Work Conditioning Activities   Strengthening   Pre fabricated Splint   Work Conditioning Activities   Strengthening   Strengthening   Specialized Hand Care/Treatment   Wound Care: (include dressing change instruction)   Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:   Other:   Other:   Other:   Dysphagia Treatment   Dysphagia Treatment (LSVT™)   SLP for Evaluation and Treatment including:   Dysphagia Treatment   Dysphagia Treatment   Other:   Dysphagia Treatment   Other:   Dysphagia Treatment   Other:   Dysphagia Treatment   Dother:   Dysphagia Treatment   Dysphagi	☐ Gait Training	☐ PT Therapeutic Aquatics				☐ Vulvodynia/Vestibulitis		
Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:	☐ Modalities	☐ Trigger Point Dry Needling				☐ Work Conditio	ning	
Other:  Outpatient Occupational Therapy (OT)	☐ Provide and teach use of assistive device	Pr	rogre	ssive Home Exercise Progra	am			
Outpatient Occupational Therapy (OT)	□ Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:							
OT for Evaluation and Treatment including:	Other:							
See attached Protocol	□ Outpatient Occupational Therapy (OT)	□ Pain Mana	agem	nent 🗆 Energy (	Conse	rvation and Adaptive	e Equipment	
ROM   Pre fabricated Splint   Work Conditioning Activities     Strengthening   Custom Splint: Vision Rehab     Modalities   Specialized Hand Care/Treatment     Wound Care:(include dressing change instruction)     Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:     Other:     Outpatient Speech/Language Pathology (SLP)   Lee Silverman Voice Treatment (LSVT™)     SLP for Evaluation and Treatment including:   Dysphagia Treatment     Modified Barium Swallow Study (MBSS)   Pediatric Feeding and Swallowing     Fiberoptic Endoscopic Evaluation of Swallowing (FEES)   Other:     Outpatient Specialty Programs-Evaluation & Treatment   Otago Balance and Fall Prevention - PT     Multidiscipline-PT, OT, SLP   Lee Silverman(LSVT™) BIG and LOUD - PT and SLP     Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM   Functional Capacity Evaluation(FCE)-PT/OT     Bioness Upper Extremity Lower Extremity OT/PT   Return to Work Assessment-PT     WakeMed Wound Care-PT: Call to schedule: 919 350-4515   Job Site Evaluation - PT/OT     OT Saebo Orthotic Evaluation and Treatment   Lymphedema - OT     Print Physician Name: Physician Signature:   Date/Time:	OT for Evaluation and Treatment including:	□ Edema Ma	anage	ement				
□ Strengthening       □ Custom Splint: □ Vision Rehab         □ Modalities □ Wound Care: (include dressing change instruction) □ Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other: □ Other: □ Outpatient Speech/Language Pathology (SLP) □ Lee Silverman Voice Treatment (LSVT™)         SLP for Evaluation and Treatment including: □ Dysphagia Treatment □ Modified Barium Swallow Study (MBSS) □ Pediatric Feeding and Swallowing □ Fiberoptic Endoscopic Evaluation of Swallowing (FEES) □ Other: □ Otago Balance and Fall Prevention - PT         □ Multidiscipline-PT, OT, SLP □ Lee Silverman(LSVT™) BIG and LOUD - PT and SLP □ Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM □ Functional Capacity Evaluation(FCE)-PT/OT □ Bioness □ Upper Extremity □ Lower Extremity OT/PT □ Return to Work Assessment-PT □ WakeMed Wound Care-PT: Call to schedule: 919 350-4515 □ Job Site Evaluation - PT/OT □ OT Saebo Orthotic Evaluation and Treatment □ Lymphedema - OT         Print Physician Name: □ Physician Signature: □ Date/Time: □ Date/Time: □ Date/Time: □ Date/Time: □ Date/Time: □ Date/Time strenged	☐ See attached Protocol	□ Scar Man	agem	nent 🗆 Lymphe	□ Lymphedema			
Modalities	□ ROM	☐ Pre fabric	ated :	Splint □ Work C	☐ Work Conditioning Activities			
Wound Care: (include dressing change instruction)   lontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:   Other:	☐ Strengthening	☐ Custom Splint: ☐ Vision I			Rehal	hab		
Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:	☐ Modalities	□ Specialize	ed Ha	and Care/Treatment				
Other:  Outpatient Speech/Language Pathology (SLP)	☐ Wound Care:(include dressing change instruction)							
Outpatient Speech/Language Pathology (SLP)  SLP for Evaluation and Treatment including:  Modified Barium Swallow Study (MBSS)  Fiberoptic Endoscopic Evaluation of Swallowing (FEES)  Outpatient Specialty Programs-Evaluation & Treatment  Multidiscipline-PT, OT, SLP  Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM  Bioness Upper Extremity Lower Extremity OT/PT  WakeMed Wound Care-PT: Call to schedule: 919 350-4515  OT Saebo Orthotic Evaluation and Treatment  Physician Name: Physician Signature: Date/Time:	□ Iontophoresis per protocol: with Dexamethasone Sodium Phosphate Injectable 4mg/ml 20ml or with other:							
SLP for Evaluation and Treatment including:    Modified Barium Swallow Study (MBSS)   Pediatric Feeding and Swallowing     Fiberoptic Endoscopic Evaluation of Swallowing (FEES)   Other:   Outpatient Specialty Programs-Evaluation & Treatment   Otago Balance and Fall Prevention - PT     Multidiscipline-PT, OT, SLP   Lee Silverman(LSVT™) BIG and LOUD - PT and SLP     Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM   Functional Capacity Evaluation(FCE)-PT/OT     Bioness Upper Extremity Lower Extremity OT/PT   Return to Work Assessment-PT     WakeMed Wound Care-PT: Call to schedule: 919 350-4515   Job Site Evaluation - PT/OT     OT Saebo Orthotic Evaluation and Treatment   Lymphedema - OT     Print Physician Name: Physician Signature: Date/Time:	Other:							
☐ Modified Barium Swallow Study (MBSS)       ☐ Pediatric Feeding and Swallowing         ☐ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)       ☐ Other:	☐ Outpatient Speech/Language Pathology (SLP)			Lee Silverman Voice Treatr	ment (	(LSVT™)		
□ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)       □ Other:	SLP for Evaluation and Treatment including:			Dysphagia Treatment				
Outpatient Specialty Programs-Evaluation & Treatment       □ Otago Balance and Fall Prevention - PT         □ Multidiscipline-PT, OT, SLP       □ Lee Silverman(LSVT™) BIG and LOUD - PT and SLP         □ Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM       □ Functional Capacity Evaluation(FCE)-PT/OT         □ Bioness Upper Extremity Lower Extremity OT/PT       □ Return to Work Assessment-PT         □ WakeMed Wound Care-PT: Call to schedule: 919 350-4515       □ Job Site Evaluation - PT/OT         □ OT Saebo Orthotic Evaluation and Treatment       □ Lymphedema - OT     Print Physician Name: Physician Signature:	☐ Modified Barium Swallow Study (MBSS)		☐ Pediatric Feeding and Swallowing					
□ Multidiscipline-PT, OT, SLP       □ Lee Silverman(LSVT™) BIG and LOUD - PT and SLP         □ Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM       □ Functional Capacity Evaluation(FCE)-PT/OT         □ Bioness Upper Extremity Lower Extremity OT/PT       □ Return to Work Assessment-PT         □ WakeMed Wound Care-PT: Call to schedule: 919 350-4515       □ Job Site Evaluation - PT/OT         □ OT Saebo Orthotic Evaluation and Treatment       □ Lymphedema - OT     Print Physician Name:	☐ Fiberoptic Endoscopic Evaluation of Swallowing (FEE	S)		Other:				
□ Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM       □ Functional Capacity Evaluation(FCE)-PT/OT         □ Bioness Upper Extremity Lower Extremity OT/PT       □ Return to Work Assessment-PT         □ WakeMed Wound Care-PT: Call to schedule: 919 350-4515       □ Job Site Evaluation - PT/OT         □ OT Saebo Orthotic Evaluation and Treatment       □ Lymphedema - OT     Print Physician Name: Physician Signature: Date/Time:	Outpatient Specialty Programs-Evaluation & Treatment			Otago Balance and Fall Pre	eventi	on - PT		
Bioness Upper Extremity Lower Extremity OT/PT	☐ Multidiscipline-PT, OT, SLP			Lee Silverman(LSVT™) BI	G and	LOUD - PT and SLI	Р	
□ WakeMed Wound Care-PT: Call to schedule: 919 350-4515     □ Job Site Evaluation - PT/OT     □ OT Saebo Orthotic Evaluation and Treatment      □ Lymphedema - OT  Print Physician Name:Physician Signature:	□ Neuro Day Treatment Rehabilitation Program PT, OT, SLP, CCM			☐ Functional Capacity Evaluation(FCE)-PT/OT				
□ OT Saebo Orthotic Evaluation and Treatment □ Lymphedema - OT  Print Physician Name:Physician Signature:Date/Time:	☐ Bioness Upper Extremity Lower Extremity OT/PT			□ Return to Work Assessment-PT				
Print Physician Name:Physician Signature:Date/Time:	☐ WakeMed Wound Care-PT: Call to schedule: 919 350-4515		☐ Job Site Evaluation - PT/OT					
Nata. This order is valid for 20 days from the date signed	☐ OT Saebo Orthotic Evaluation and Treatment			Lymphedema - OT				
Note: This order is valid for 20 days from the data signed	Drivet Discription Name							
	Note: This order is valid for 20 days from the data signal						the date signed	

## **WakeMed Outpatient Rehabilitation Locations:**

**Clayton Medical Park** 104 Medpsring Drive, Suite 210

Clayton, NC 27520

Wake Forest Road 3701 Wake Forest Road, Suite 120

Raleigh, NC 27609

Raleigh Medical Park 23 Sunnybrook Road, Suite 300 Raleigh, NC 27610

Raleigh Campus 3000 New Bern Avenue Raleigh, NC 27610

WakeMed North Hospital 10000 Falls of Neuse Road Raleigh, NC 27614

Cary , NC 27518

WakeMed Outpatient Specialty Rehab 1900 Kildaire Farm Road

**Cary Outpatient Rehab** 300 Ashville Avenue, Suite 220 Cary, NC 27518

3000 New Bern Avenue Raleigh, NC 27610 919 350-4515

**WakeMed Wound Care Services** 

WakeMed Physician Practices Phone: 919 350-1508 Fax: 919 350-1475 WPP Physical Therapy

10010 Falls of Neuse Rd., Suite 009 Raleigh, NC 27614

**WPP Physical Therapy** 10000 Cambridge Village Loop Apex, NC 27502